

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Name Dorothy Ross
(2) Address (number and street) 35 Lactus Ave.
Hallandale Beach, FL 33009
City, State, Zip Code

CITY OF HALLANDALE
OFFICE USE ONLY

05 FEB 18 PM 3:42

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 7509

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01/01/05 To 02/11/05 Report Type G-3

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 6250.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 222.00

Transfers to Office Account \$ _____

Total Monetary \$ 222.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 9675.00

(10) TOTAL Monetary Expenditures To Date

\$ 222.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ARMIN F. LOVENVIRTH

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

☒ Armin F. Lovenvirth

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DOROTHY ROSS

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

☒ Dorothy Ross

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY OF HALLANDALE
CITY CLERK

(1) Name

Dorothy Ross

(2) I.D. Number

991-20-789

(3) Cover Period

02/01/05

through

02/23/05

(4) Page

1 of 1

05 FEB 18 PM 3:42

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1 1 4 105	Smith Lawrence J. 3111 Stirling Rd 308 Ft L 33312	B	che			500.00
1.						
1 1 4 105	Brow Co Council Prof Firefighters 1501 So Andrews Av Ft. L. 33316-2507	B	che			500.00
2.						
1 1 4 105	DLC Foods + More Corp 1040 W. Hall Bch Hall Bch. Fl 33009	B	che			500.00
3.						
1 1 4 105	Metro Brow Prof Fire Fighters 304 N. E 1st Pompano Bch 33060-6608	B	che			500.00
4.						
1 1 4 105	Olson, Mary B 319 NE 14 Ave # 602 Hall Bch, Fl 33009	I	che			50.00
5.						
1 1 4 105	Seymour Pendell 3140 S. Ocean Dr #1504 Hall Bch. 33009	I	cas			50.00
6.						
1 1 4 105	Lieberman, Willie 3295 E 30th St. 105 Hall Bch Fl 33009	I	cas			150.00
7.						
1 1 4 105	Orenstein, Arnold Lorette M. 1319 Garfield St Hollywood Fl 33019-3127	I	che			100.00
8.						

(1) Name DOROTHY ROSS CITY CLERK (2) I.D. Number 7509
(3) Cover Period 02/02/05 through 02/02/08 PM 3:42 (4) Page 1 of 1

(3) Cover Period 02/02/05 through 02/02/08 PM 3:42 (4) Page 1 of 1

(4) Page 1 of 1

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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

HALLANDALE
CITY CLERK
OFFICE USE ONLY
05 MAR -9 PM 4:53

(1) DOROTHY ROSS
Name
(2) 35 CACTUS Ave.
Address (number and street)
HALLANDALE Beach FL 33009
City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 7509

(4) Check appropriate box(es):

☒ Candidate (office sought): COMMISSION

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 05 To 02 / 11 / 05 Report Type 63

☐ Original ☒ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 7080.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 222.00

Transfers to Office Account \$ _____

Total Monetary \$ 222.00

(8) Other Distributions \$ 27.75 Deluxe PRINTER

(9) TOTAL Monetary Contributions To Date
\$ 10,505.00

(10) TOTAL Monetary Expenditures To Date
\$ 222.00

(11) CERTIFICATION

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I certify that I have examined this report and it is true, correct, and complete.

(Type name) ARMIN F. LORENVIRTH

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Armin F. Lorenvirth
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DOROTHY ROSS

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Dorothy Ross
Signature